

CLAIMS ONLY							Application Number <span style="font-size: 1.2em;">10/594679</span>		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2							52				
3							53				
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41							91				
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